

RETHINKING FAMILY PLANNING MEASUREMENT

FINAL RECOMMENDATIONS OF THE IUSSP PANEL ON RETHINKING
FAMILY PLANNING MEASUREMENT WITH A REPRODUCTIVE JUSTICE
AND RIGHTS LENS

SEPTEMBER 2026

IUSSP SCIENTIFIC PANEL

Ilene Speizer, University of North Carolina at Chapel Hill (*Co-Chair*)

Elizabeth Sully, Guttmacher Institute (*Co-Chair*)

Georgina Binstock, CONICET & CENEP – Argentina

Fredrick Makumbi, Makerere University

Niranjan Saggurti, Population Council

Madeleine Short Fabric, ICF – The DHS Program

Irene Casique, CRIM, National Autonomous University of Mexico (*Council Liaison*)

INTERNATIONAL UNION FOR THE
SCIENTIFIC STUDY OF POPULATION

EXECUTIVE SUMMARY

The IUSSP Panel on Rethinking Family Planning Measurement with a Reproductive Justice and Rights Lens has spent three years identifying measurement priorities and indicators that better reflect reproductive justice and human rights in family planning, with a focus on improved measurement of contraceptive demand and need.

This document presents the Panel's final recommendations, building from expert convenings (online and in-person), primary data collection, research presented in a special issue of *Studies in Family Planning*, and the IUSSP Recommendations Workshop, held following the International Conference on Family Planning in November 2025. Details of the Panel's activities over the last three years can be found on the IUSSP Panel website (<https://iussp.org/en/rethinking-family-planning-measurement-reproductive-justice-and-rights-lens>).

The Panel's overarching guidance

The Panel recommends that family planning measurement move away from inferring contraceptive need from mismatches between fertility desires and contraceptive behavior, as is done with the longstanding measure of unmet need, and instead anchor measurement in individuals' self-identified contraceptive wants and ability to act on them. The Panel recommends **contraceptive agency**, defined as the ability to make and act on decisions about pregnancy avoidance or delay, as the centering concept of the proposed rights- and justice-informed measurement framework, and offers these recommendations for action in the short- and medium-term:

- **Short-term:** 1) Use and improve the existing measure of contraceptive decision-making to assess the "making decisions" component of contraceptive agency; 2) Adopt a relatively new measure, Preference-Use Concordance for Contraception (PUC), which assesses concordance between individuals' contraceptive wants and behaviors, as a practical, survey-ready proxy for the "acting on decisions" component of agency; 3) Use PUC as a standalone indicator for global monitoring of programmatic need and success.
- **Medium-term:** Develop a concise three-to-five-question contraceptive agency questionnaire module suitable for widespread survey integration and use alongside PUC for global monitoring.

Three additional top-line recommendations

- **Treat intention to use, attitudes, and satisfaction as programmatic indicators**, not as global tracking indicators. Standardize timeframes, ask among both users and non-users, and use multi-dimensional tools where available.
- **Retain existing measures for time-trend tracking** but do not interpret unmet need as a measure of contraceptive need and do not assume that increases in contraceptive prevalence are a universal good. Interpret increases in contraceptive prevalence alongside person-centered measures such as PUC. Use "unmet demand" (Sully et al., 2025) as a more person-centered alternative to "unmet need," computable from existing data. To better reflect contraceptive use among unmarried women, include "use at last sex" in contraceptive prevalence estimates. Report engagement in contraceptive decision-making among both contraceptive users and non-users, taking advantage of data already collected in large household surveys such as DHS.
- **Apply cross-cutting principles to every measure:** specify intended audience and use case(s), ensure feasibility within existing survey platforms, test and adapt across diverse and marginalized populations, provide indicator reference sheets to minimize misuse, and disaggregate to elucidate inequities.

RECOMMENDATIONS AT A GLANCE

Table 1. Summary of Panel recommendations by measurement area.

Measurement area	Top-line recommendation	Readiness	Primary use
Contraceptive agency	Adopt as the centering concept of the framework. Short-term: use alignment-based measures such as Preference-Use Concordance for Contraception (PUC) as proxy for "acting on decisions" and decision-making questions as proxy for "decision-making." Medium-term: develop and validate a concise three-to-five-question agency module. Align with UNFPA's sexual and reproductive agency work.	Refinement or validation needed Multi-item scales (Agency in Contraceptive Decisions Scale, EMERGE) require further validation; use proxies in the interim.	Global tracking (future) research
Preference-Use Concordance for Contraception (PUC)	Ask all respondents whether they want to use contraception and about current use. Ask current users whether they want their current method. Compare what individuals want with what they are doing. Report three indicators: concordance to use or not use; whether users want to use their current method; and a composite.	Ready to adopt / adapt existing data Question order and wording testing underway; expect more detailed recommendations in late 2026 or early 2027.	Global tracking
Intention to use	Standardize with a specific timeframe (e.g., next 12 months). Ask among both current users (continuation or switching) and non-users (initiation).	Refinement or validation needed Existing measures are usable now; refinement needed on timeframe and on who is asked.	Programmatic service delivery, supply chain, forecasting
Attitudes toward contraception	Move beyond binary approve or disapprove. Test multi-dimensional tools (e.g., the Contraceptive Acceptability Scale, CAS) with odd-numbered Likert scales that allow ambivalence. Maintain a value-neutral, person-centered lens; do not assume positive attitudes should lead to uptake. Conduct a systematic review of existing attitude items to inform standardization.	Refinement or validation needed Tools exist; require validation across contexts.	Programmatic demand generation; community attitudes
Satisfaction-based measures	Do not adopt existing single-item measures. Develop multi-dimensional indices covering physical experience, psychological response, social and relational context. Separate method satisfaction from service satisfaction. Do not equate continuation with satisfaction.	In development Construct definition and scale validation required.	Programmatic service quality
Modifications to existing measures (contraceptive prevalence rate or CPR, unmet need, demand satisfied)	Continue using unmet need for time-trend tracking, but do not interpret as contraceptive need. Use "unmet demand" as a more person-centered alternative computable from existing data. Include "use at last sex" in CPR for unmarried women to correct underestimates. Report decision-making for both use and non-use; add follow-up: "Who do/did you want to make the decision?"	Ready to adopt / adapt existing data Modifications proposed with data already captured in DHS, MICS, and similar platforms.	Time-trend tracking advocacy; bridging period

CROSS-CUTTING PRINCIPLES — APPLY TO EVERY MEASURE ABOVE

Specify intended audience and use case (global monitoring vs. programmatic management). Ensure feasibility within existing platforms (DHS, MICS, national surveys) with parsimonious question sets. Test and adapt across women, men, adolescents, unmarried populations, sexual and gender minorities, persons with disabilities, and persons in humanitarian and rural settings. Provide indicator reference sheets and guidance to minimize misuse. Disaggregate routinely to reveal and address inequities.

How to read this report. Each measurement chapter opens with a color-coded header showing its **primary use** (navy global tracking · purple programmatic · teal time-trend tracking) and a **readiness** chip (green ready to adopt / adapt existing data · amber refinement or validation needed · grey in development). The same colors are used in the Visualization of Recommendations and the table above.

CROSS-CUTTING RECOMMENDATIONS

The principles below apply to every measurement area covered in this document and should guide adoption, adaptation, validation, and dissemination of the Panel's recommendations.

1. Audience and purpose clarity

- Different measures serve different purposes (global monitoring vs. programmatic management, advocacy vs. research). Recommendations should clearly specify the intended audience and use case for each measure.
- Dissemination strategies must be designed to address the needs and perspectives of diverse stakeholders, including policymakers, program managers, funders, and researchers.
- Measurement tools and preambles should be developed with explicit guidance for translation and cultural adaptation.

2. Guarding against misuse

- The Panel recognizes the risk of indicator misuse and misinterpretation and recommends proactive actions to minimize unintended consequences. Comprehensive guidance and indicator reference sheets should accompany all recommendations, explaining what indicators do and do not measure.
- Training and capacity building should support appropriate interpretation and use.

3. Data systems and collection

- Design measurement recommendations to be feasible for inclusion in existing survey platforms (DHS, MICS, national surveys, routine systems) using a small number of questions that are meaningful and comparable across contexts.
- Collaborate across partner data collection groups to enable meaningful comparison of findings across study sites, populations, and settings.
- Leverage ongoing research and evaluation initiatives to test and validate proposed measures.

4. Equity and inclusivity

- All new measures should undergo cognitive testing and validation across diverse contexts and populations before wide-scale adoption, and all measurement recommendations should be assessed for applicability across diverse populations.
- Care should be taken to ensure indicators capture experiences of groups often marginalized, including adolescents, unmarried women, sexual and gender minorities, rural populations, people living in humanitarian contexts, and people with disabilities.
- Disaggregated analysis should be routinely undertaken to identify and address disparities.
- All measures should be tested and examined for applicability for men, boys, and couples.

VISUALIZATION OF RECOMMENDATIONS

The figure below shows how the constructs in this document relate. Contraceptive agency is the centering concept. Preference-Use Concordance for Contraception (PUC) is recommended for global tracking and serves as a survey-ready proxy for the "acting on decisions" component of agency. The contraceptive decision-making questions serve as a proxy for the "making decisions" component of agency and can be included in global tracking. Once a concise three-to-five-question contraceptive agency questionnaire module suitable for widespread survey integration is developed, it can be used alongside PUC for global monitoring. Intention to use, attitudes, and satisfaction are programmatic indicators. Modifications to existing measures support time-trend tracking during the bridging period. Cross-cutting principles apply to every measure.

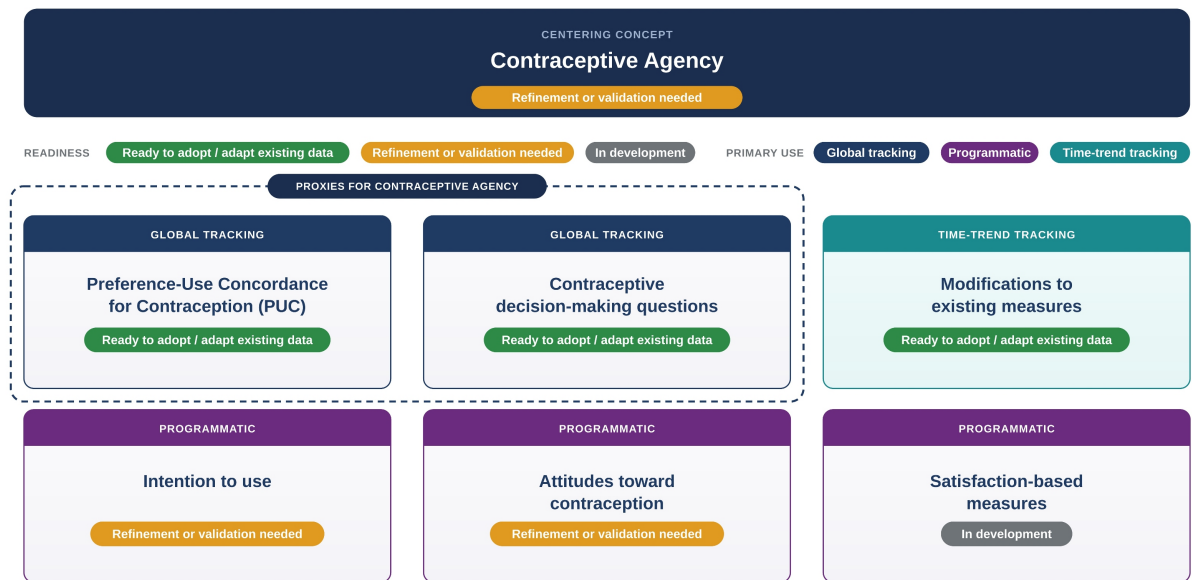


Figure 1. Recommended measures by primary use and readiness. Source: IUSSP Panel on Rethinking Family Planning Measurement with a Reproductive Justice and Rights Lens, September 2026.

MEASUREMENT CHAPTER · CENTERING CONCEPT

Contraceptive Agency

READINESS

Refinement or validation needed

PRIMARY USE

Global tracking (future) · research

BOTTOM LINE

Adopt contraceptive agency as the centering concept of the family planning measurement framework. In the short term, use alignment-based measures such as Preference–Use Concordance for Contraception (PUC) as proxies for "acting on decisions" and contraceptive decision-making questions as proxies for "decision-making." In the medium term, develop and validate a concise three-to-five-question agency module and align with UNFPA's broader work on sexual and reproductive agency. A follow-on IUSSP Panel, convening in September 2026, will work to identify improved, simplified agency measurement and address measures of structural agency.

Definition and framing

The Panel recommends adopting **contraceptive agency** as the centering concept for the family planning measurement framework. Contraceptive agency is defined as "the ability of an individual to make and act on decisions related to whether to do something to avoid or delay pregnancy, and what, if anything, to do when they are not actively trying to become pregnant" (Holt et al., 2024).

Core domains

- **Agency in decision-making:** the ability to formulate and articulate one's own preferences.
- **Agency in acting on decisions:** the ability to implement those preferences.

The Panel considered "resist" as a possible third domain and decided against recommending it as a separate domain.¹

Distinctions from related concepts

- **Autonomy:** related to the "agency in acting on decisions" core domain, representing the ability to act without interference from external or contextual factors.
- **Empowerment:** a broader, dynamic process encompassing structural and contextual dimensions beyond individual decision-making.

Contraceptive agency is more readily measured cross-sectionally, focused on current status, and specific to the contraceptive domain rather than broader empowerment processes.

Level of measurement and scope

While agency is measured at the individual level, the Panel recognizes that agency is enacted within a socio-ecological context that facilitates or constrains individual decision-making. Structural and systemic factors, including policy, health system access, and gender norms, shape the context in which agency operates. Future work should consider collective agency measures alongside individual-level measures, though these represent distinct conceptualizations. Contraceptive agency should be measured among all people of reproductive age and gender identities, not only women, recognizing the importance of men's and couples' contraceptive decision-making. These are the types of issues to be examined as part of the follow-on IUSSP Panel on Contraceptive Agency.

Recommended measure(s)

Recognizing that contraceptive agency is a multifaceted construct, the Panel recommends a short-term and medium-term path.

Short-term: proxy measures

- **PUC** serves as a valuable proxy for the "agency in acting on decisions" core domain, as it captures whether individuals act on their stated preferences.
- **Contraceptive decision-making questions** serve as proxies for the "agency in decision-making" core domain:
 - "Who would you say had the FINAL say in whether you or your partner use contraception? Is it mainly your decision, mainly your partner's decision, did/should you both decide together, or was it someone else's decision?" [these questions are already asked of both contraceptive users and non-users in DHS surveys]
 - "Who do you want to make the decision of whether you or your partner use contraception?"

Medium-term: develop and validate

- Test and validate existing multi-item scales, including those from the Agency in Contraceptive Decisions Scale (ACDS) (Challa et al., 2025) and those developed as part of the EMERGE framework (Raj et al., 2024), in varying contexts and population sub-groups (e.g., men and adolescents) to understand which domains they capture and whether they reliably measure contraceptive agency.
- Develop and test streamlined agency measures suitable for rapid assessment and survey integration. The Panel calls for a concise module of roughly three to five questions that captures the core dimensions of agency (McDougal, 2026).
- Conduct cross-context cognitive testing on agency-related questions to ensure they are understood consistently.

Standardization and contextual adaptation

The Panel recognizes an inherent tension between the need for global standardization and the importance of contextual adaptation in measuring contraceptive agency. A standardized approach is essential for enabling cross-national comparisons, tracking trends over time, and supporting global advocacy, while measurement strategies must remain flexible enough to be meaningful and appropriately applied across diverse languages, cultures, and social contexts. The Panel emphasizes continued testing and validation to better understand how agency measures perform across different populations and settings, and to inform thoughtful prioritization in future measurement efforts.

Intended use and audience

In the medium term, contraceptive agency is intended as a global tracking and research construct, once the concise module is developed suitable for inclusion in DHS, MICS, and national surveys. In the short term, the proxy measures named above can serve agency-adjacent measurement while the full module is developed.

Areas for further research and development

- Undertake a review and crosswalk assessment of currently derived agency measures and scales to identify overlaps and gaps in assessing agency.
- Conduct cognitive interviews and pilot testing of agency-related questions across diverse populations.
- Conduct convergent validity studies comparing simplified proxy measures with longer multi-item scales.
- Examine how contraceptive agency measures relate to other important outcomes such as achieved fertility intentions and sexual and reproductive well-being.
- Explore measurement of contraceptive agency among men, couples, and unmarried adolescents.
- Align with UNFPA's work on sexual and reproductive agency to ensure conceptual and operational coherence across initiatives, with a focus on how contraceptive agency is defined and measured as part of reproductive agency.

¹ Discussed at the IUSSP Recommendations Workshop in November 2025. "Resist" appears as a third domain in some conceptual frameworks of agency; the Panel's rationale for not adopting it separately was that it is implicit within the two domains above.

MEASUREMENT CHAPTER

Preference–Use Concordance for Contraception (PUC)

READINESS

Ready to adopt / adapt existing data

PRIMARY USE

Global tracking

BOTTOM LINE

Adopt Preference–Use Concordance for Contraception (PUC) to compare what individuals want with what they are doing about contraception. Ask all respondents whether they want to use contraception and about current use; ask current users whether they want their current method. Report three indicators: concordance to use or not use, whether users want to use their current method, and a composite.

Definition and framing

There is strong consensus across the Panel and the wider measurement community for adopting person-centered measures that assess alignment between individuals' contraceptive desires and their contraceptive use behaviors. Such measures move beyond researcher-defined categories of need to center individuals' self-reported needs and assessment of whether their needs have been achieved.

The Panel recommends the terminology **Preference–Use Concordance for Contraception (PUC)** to describe alignment-based measures that capture concordance between what people want and what they are doing with respect to contraceptive use. This framing emphasizes that individuals define their own contraceptive needs based on their current context. Questions should use "want" language while recognizing that self-expressed wants can be understood as equivalent to needs.

Alignment-based measures should prioritize individuals' stated wants over hypothetical constructs and should avoid imposing assumptions about what people "should" want or do.

Recommended measure(s)

Core questions

- Ask all respondents about current contraceptive use behavior, including those who report current use and those who report use at last sex.
- Ask all respondents whether they want to be using contraception.
- Among current users, ask whether they want to be using their current method.

Question design principles

- Use non-hypothetical, current-status framing (ask whether individuals want to use currently and whether they are currently using); avoid "if"- or "would"-type constructions.
- Frame questions on whether an individual wants to use without imposing constraints (avoid hypothetical scenarios related to availability, affordability, or social acceptability).
- The Panel remains ambivalent on optimal question order (e.g., whether to begin by asking about whether the respondent wants to use contraception or begin by asking the respondent whether they are currently using contraception) pending further cognitive testing and validation.
- Ensure question wording about current use clearly specifies use of any method for pregnancy prevention, including modern or traditional methods, permanent or coital-based methods, and emergency contraception.
- Incorporate lessons learned from testing of "use at last sex" and other approaches for capturing contraceptive use among unmarried women (Jadhav et al., 2025).

Recommended indicators

- **Indicator 1 (Preference–Use Concordance to use or not use).** Among all respondents, the proportion who are either (a) using contraception and want to be using it, or (b) not using contraception and do not want to be using it. Denominator: all respondents.
- **Indicator 2 (Wanted method use among users).** Among current contraceptive users, the proportion who report wanting to be using their current method. Denominator: current users.
- **Composite measure.** Among all respondents, the proportion with alignment between wanting or not wanting to use and use status, and (if using) wanting to be using their current method. Non-users who do not want to be using contraception are considered to have their behavior aligned with their preferences for non-use. Denominator: all respondents.

Data presentation and analysis

- Present data both disaggregated (showing each component separately) and as a composite measure.
- Undertake separate analysis for users and non-users to understand different forms of misalignment and factors associated with misalignment.
- Use appropriate denominators for different indicators (all respondents for Indicator 1, users only for Indicator 2).

Critical caveats

Existing alignment-based measures, including Preference-Aligned Fertility Management (PFM) (Holt et al., 2025) and Contraceptive Concordance (Vincent et al., 2025), have not yet been validated beyond pilot settings and therefore require testing across diverse contexts and populations. Additional cognitive testing is needed to refine question wording, sequencing, and preambles. Translation and cultural adaptation will be essential to support cross-context implementation. Standardized tools and guidance are needed to facilitate incorporation of these measures into existing surveys and routine data collection systems.

Intended use and audience

PUC is recommended for global tracking. It also serves as a survey-ready proxy for the "acting on decisions" component of contraceptive agency. Present both the disaggregated components and the composite for use by global monitoring bodies, national statistical offices, and survey platforms.

Areas for further research and development

- Test question order and wording through cognitive interviews across diverse populations.
- Validate indicators across different contexts, sub-populations, and life stages.
- Examine utility of PUC among men, adolescents, couples, and marginalized populations, and determine necessary adaptations for these groups.
- Identify what can be learned from individuals whose contraceptive use and preferences are misaligned, and the reasons behind that misalignment. Explore avenues to assess "why" in order to understand barriers and programmatic levers that support alignment. This exploration could be achieved by adding open-ended survey questions, conducting additional qualitative research, and analyzing other data sources such as social media.
- Assess potential misuses of alignment-based measures (for example, calling all misalignment coercion) and develop and share indicator reference sheets with measurement guidance to minimize unintended consequences.
- Clarify how alignment-based measures should be used alongside other indicators for comprehensive assessment.

MEASUREMENT CHAPTER

Intention to Use Contraception

READINESS

Refinement or validation needed

PRIMARY USE

Programmatic

BOTTOM LINE

Standardize intention to use (ITU) with a specific timeframe (for example, the next 12 months) and ask among both current users (continuation or switching) and non-users (initiation). Treat ITU primarily as a programmatic-level indicator for service delivery improvement, supply chain alignment, and forecasting. Do not elevate ITU to a global tracking indicator.

Definition and framing

Understanding intentions supports programmatic planning and supply chain alignment, and helps ensure that contraceptive commodities reflect actual user demand rather than provider assumptions or historical patterns.

ITU is typically asked among non-users of contraception and has served as an indicator of future demand for family planning services. This measure is particularly valued in sub-Saharan African contexts for program planning purposes (Speizer et al., 2026). The measurement of intention to continue should be asked among current contraceptive users, capturing continuation, satisfaction, and intended switching. Reported intentions may be based on perceived effectiveness, side-effect concerns and experiences, convenience, accessibility, or partner and familial influence. This nuanced understanding supports quality of care improvements and reproductive autonomy.

The Panel recognizes that ITU is a future-oriented psychological construct and may not be inherently person-centered, as having intentions does not equate to the ability to act on them (Rothschild et al., 2025).

Relationship to alignment-based measures

The Panel notes overlap between intention to use in the next 12 months and "want to use" currently questions in PUC. Further examination of how these constructs relate and whether the questions are measuring similar constructs is needed. With this overlap in mind, the Panel recommends focusing on PUC for global measurement with the goal of streamlining and simplifying data collection efforts. ITU remains useful for programmatic and evaluation purposes.

Limitations of current framing

The ITU question is typically open-ended and asks about intention to use at any point in the future, which limits the programmatic usefulness of the measure. Intention questions are often directed specifically to non-users, implicitly assuming that current users have no future intentions to change methods or discontinue use. This overlooks critical programmatic information about potential method switching or discontinuation among current users.

Recommended measure(s)

- Standardize ITU with a specific timeframe (for example, "in the next 12 months") to provide specificity and clarity and to enable comparison.
- Ask ITU among current users (intention to continue using or switch methods) and non-users (intention to initiate use).

As part of programmatic monitoring, when intentions are not aligned with behaviors, further questions about reasons for this misalignment can be explored.

Intended use and audience

Programmatic. ITU is most useful for service delivery improvement, commodity planning, and demand forecasting at country and sub-national levels. It should not be elevated to a global tracking indicator because it is future oriented and there is no clear direction of change given that intentions change over time.

Areas for further research and development

- Expand ITU to capture the influence of partners, social norms, and gender power dynamics on contraceptive choice.
- Clarify how ITU data can be used to inform sexual and reproductive health (SRH) programming, policies, and budget allocation.
- Develop methods to track changing intentions over time to inform deeper research and understanding of factors that influence translation of intentions to behavior.

MEASUREMENT CHAPTER

Attitudes Toward Contraceptive Use

READINESS

Refinement or validation needed

PRIMARY USE

Programmatic

BOTTOM LINE

Move beyond binary approve or disapprove items. Test multi-dimensional tools such as the Contraceptive Acceptability Scale with odd-numbered Likert scales that allow for ambivalence. Maintain a value-neutral, person-centered lens and do not assume positive attitudes should always lead to contraceptive uptake. Position shifting community attitudes as a programmatic success indicator alongside alignment-based measures.

Definition and framing

Attitudes and beliefs toward contraception are critical determinants of contraceptive decision-making and represent socially embedded constructs that reflect community norms, gender expectations, and values. The Panel recognizes that negative attitudes, misconceptions, and fears about contraceptive methods remain among the most frequently reported reasons for non-use across diverse settings. While non-use is not inherently negative, negative attitudes and beliefs can constrain one's contraceptive goals and decisions.

Shifting community attitudes can be recognized as a programmatic success indicator, particularly for demand-generation interventions. Attitudes and attitude change should always be understood within broader social and structural contexts.

Recommended measure(s)

- Move beyond binary approve or disapprove measures to adopt multi-dimensional tools that parsimoniously capture the complexity of attitude formation.
- Consider the Contraceptive Acceptability Scale (CAS) (Deignan et al., 2025), drawn from vaccine hesitancy research, as one approach to test and validate across a variety of settings.
- Use odd-numbered Likert scales to allow for ambivalence and to capture gradations of attitudes.
- At the programmatic level, ensure attitude indicators are inclusive of broader social norms and community-level beliefs that shape individual attitudes.

Attitude measure considerations

Attitude measures include the capture of individuals' beliefs about medical risks, side effects, and the bodily impacts of contraception, as well as perceptions of whether contraceptive use is appropriate based on age, marital status, parity, or prevailing religious and cultural norms. They can also assess perceived partner or community approval or disapproval of contraceptive use, along with individuals' confidence in, and perceived right to exercise, decision-making over their contraceptive use.

Intended use and audience

Programmatic. Attitude indicators are most useful for demand-generation interventions and for understanding community-level beliefs that shape individual decision-making. The Panel does not recommend elevating attitude measures to global tracking indicators. Attitudes should not be measured with the assumption that positive attitudes should always lead to contraceptive uptake; measurement should maintain a value-neutral, person-centered lens.

Areas for further research and development

- Conduct a systematic review to map and assess existing attitude and attitude-adjacent questions used in surveys.
- Validate the Contraceptive Acceptability Scale and other multi-dimensional tools across diverse contexts.
- Examine relationships between attitudinal data and other family planning outcomes such as intention to use and PUC and decision-making questions.
- Determine whether community-level attitudinal measures should be incorporated alongside individual-level measures or whether aggregated individual-level measures can serve as community-level proxies.

MEASUREMENT CHAPTER

Satisfaction-Based Measures

READINESS In development

PRIMARY USE Programmatic

BOTTOM LINE

Do not adopt existing single-item satisfaction measures. Develop multi-dimensional indices that capture subdomains of satisfaction related to contraceptive demand and use, including physical experience, psychological response, and social and relational context. Separate method satisfaction from health care service satisfaction. Do not equate continuation with satisfaction. Position satisfaction measures as programmatic-level indicators that inform contraceptive development and other actions that support method choice.

Definition and framing

The Panel recognizes that satisfaction is an important dimension of person-centered care and contraceptive quality, but current measurement approaches are inadequate. Single-item satisfaction questions (for example, "Are you satisfied with your current method?") are broad, unstandardized, conceptually ambiguous, and provide limited actionable information.

Method satisfaction should be separated from health care service satisfaction, as these represent distinct constructs requiring different measurement approaches. Continuation should not be equated with satisfaction, as individuals may continue using methods they find unsatisfactory due to lack of alternatives or other constraints.

Satisfaction should be understood as a multi-dimensional construct encompassing various subdomains, including physical experience (comfort, side effects, ease of use), psychological response (confidence, control, peace of mind), and social and relational context (partner support, privacy, social acceptability).

Recommended measure(s)

The Panel recommends continued conceptual and methodological development for satisfaction-based indicators rather than immediate adoption of existing single-item measures. Development should include:

- Defining and validating the construct of satisfaction in contraceptive contexts across multiple dimensions.
- Distinguishing satisfaction with the contraceptive method itself from satisfaction with the decision-making process and satisfaction with service delivery and access.
- Developing multi-item indices or scales that capture subdomains of satisfaction.
- Conducting cognitive testing to ensure items are understood consistently and adequately capture lived experiences.

Intended use and audience

Programmatic. Once validated, satisfaction measures should be positioned as programmatic indicators that support efforts to ensure users are satisfied with their method options and choices. They are not recommended for global tracking.

Areas for further research and development

- Assess whether satisfaction measures can serve as a proxy for person-centered care and how they relate to contraceptive agency and empowerment frameworks.
- Measure satisfaction among those who discontinued or switched methods to capture the range of experiences and expectations.
- Differentiate satisfaction from PUC and clarify what it means when individuals are using their preferred method but remain dissatisfied with their method.
- Examine the relationship between satisfaction and other outcomes such as contraceptive continuation, switching, and method choice.
- Examine how method satisfaction measures can be used to inform decisions related to contraceptive method availability, mix, and procurement, and how they can help inform the contraceptive development pipeline.

MEASUREMENT CHAPTER

Modifications to Existing Measures

READINESS

Ready to adopt / adapt existing data

PRIMARY USE

Time-trend tracking

BOTTOM LINE

Existing measures (CPR, unmet need, demand satisfied) retain utility for time-trend tracking but should not serve as primary outcome measures. Continue to measure unmet need but do not interpret it as a measure of individual-level contraceptive need. Use "unmet demand" as a more person-centered alternative that is computable from existing data. Include "use at last sex" in contraceptive prevalence estimates for unmarried women. As part of the decision-making construct, measure and report contraceptive decision-making for both use and non-use, and add a follow-up: "Who do/did you want to make the decision?"

Definition and framing

Existing measures such as the contraceptive prevalence rate (CPR), unmet need, and demand satisfied remain useful for tracking trends over time, but they are not person-centered and do not directly measure contraceptive need. While unmet need continues to support time-trend tracking and advocacy until new measures are validated, socialized, and widely adopted, it should not be interpreted as a measure of individual-level contraceptive need; it reflects one form of misalignment between fertility intentions and contraceptive use. Measurement should instead prioritize person-centered, rights- and justice-informed measures of agency and alignment, such as PUC, assessed among both users and non-users of contraception.

Recommended measure(s)

Contraceptive prevalence for unmarried women

When measuring and reporting contraceptive use among unmarried women, incorporate "use at last sex" into contraceptive prevalence and current use measures to address biases in current use measures that underestimate use among unmarried women (Jadhav et al., 2025). These data are already captured in DHS and similar household surveys; it is the indicator calculation and reporting that the Panel recommends modifying.

Unmet demand

Calculate unmet demand using the Adding It Up 2024 measure, which incorporates an individual's intention to use into the unmet need measure (Sully et al., 2025). This typically results in a substantial reduction in the estimated number of people who do not have their contraceptive needs met. Unmet demand can be constructed from existing data, building person-centered elements into reporting while new measures are adopted.

Contraceptive decision-making

Contraceptive decision-making should be measured and reported for both use and non-use decisions. Household surveys like DHS already capture this information, but calculation and reporting typically focus only on use. The Panel recommends incorporating both use and non-use decision-making, and adding a follow-up question: "Who do/did you want to make the decision of whether you or your partner use contraception?" Alignment between who the person wanted to decide and who decided can serve as a proxy for the decision-making component of agency.

Intended use and audience

Time-trend tracking and advocacy during the bridging period. Person-centered measures of agency, including decision-making and PUC, must anchor future family planning and reproductive health measurement frameworks.

Areas for further research and development

- Continue to assess the comparability of "use at last sex" and current use measures across surveys and over time.
- Refine and test unmet demand against PUC and agency-based measures to clarify when each construct is most informative.
- Expand reporting of decision-making indicators to include both use and non-use, and the want-to-decide follow-up.

APPENDIX A: QUESTION BANK

Construct and use	Recommended question wording or structure	Future directions and considerations
Contraceptive agency: decision-making Used as current proxy for contraceptive agency in decision-making	<i>Question 1: "Who would you say had the FINAL say in whether you or your partner use contraception? Is it mainly your decision, mainly your partner's decision, did/should you both decide together, or was it someone else's decision?"</i> <i>Question 2: "Who do you want to make the decision of whether you or your partner use contraception?"</i>	Need to ensure the question structure works for both current users and non-users, including who is asked to have the final say. Most current surveys only include Question 1; additional work is needed to ensure Question 2 is also included.
Preference-Use Concordance for Contraception (PUC) Used as current proxy for contraceptive agency in ability to act on decisions	<i>(All respondents): Are you currently using any method for pregnancy prevention? (includes modern and traditional methods)</i> <i>(All respondents): Do you want to be using any method of contraception? (includes modern and traditional methods)</i> <i>(Current users): Do you want to be using your current method?</i>	Based on current status; unconstrained by hypotheticals about availability, affordability, or social acceptability. Include a question about use at last sex for unmarried women. Include a follow-up question on what method is used. Note that a respondent may be using multiple methods; this question should be asked about each one. Additional recommendations forthcoming following current testing underway on question ordering and phrasing.
Intention to use (ITU)	<i>Among non-users: Do you intend to initiate a contraceptive method in the next 12 months to avoid pregnancy?</i> <i>Among users: Do you intend to continue using, switch methods, or stop using your method in the next 12 months?</i>	If a respondent reports intending to switch methods, ask which method they would switch to (this ties to the Method preference row below).
Method preference	<i>Among non-users who intend to use in the next 12 months: What method would you prefer to use?</i> <i>Among users who intend to switch: What method do you prefer to use?</i>	Among those not using a preferred method, follow up on reasons for using a non-preferred method (access, affordability, side effects, provider bias, partner influence).
Attitudes toward contraception	Three-question Contraceptive Acceptability Scale (CAS) with 5-point Likert scale: <i>"I can easily get my preferred contraceptive method if I wish to use one."</i> <i>"I trust my health service provider to provide me [or my partner] with the information I need to make the best decision about contraception."</i> <i>"Using contraception can help me take better care of my family [when I have one]."</i>	Use multi-dimensional items with odd-numbered Likert scales. Under construction for global monitoring. Other attitude concepts/questions featured elsewhere cover: medical risks and side effects; appropriateness by age, marital status, parity, religion, and culture; perceived partner and community approval; confidence in decision-making.
Unmet demand	Use questions to measure unmet need as well as intention to use contraception in the future (or next 12 months).	Construct using the Adding It Up 2024 approach (Sully et al., 2025), incorporating intention to use into the unmet need measure.

APPENDIX B: ABOUT THE PANEL

The IUSSP Panel on Rethinking Family Planning Measurement with a Reproductive Justice and Rights Lens undertook a multi-pronged approach over three years to identify family planning indicators, priorities, and frameworks that reflect reproductive justice and human rights lenses, with a focus on improved measurement of contraceptive demand and need.

The Panel comprises eight members representing Uganda, Niger, India, Argentina, Mexico, Canada, and the United States (two members). This group serves as a steering committee that engages the global community in strategies to improve measurement approaches.

Over this period the Panel led a number of activities with the global community, including hosting webinars, convening experts, conducting primary data collection through a targeted survey and meetings, facilitating a special issue of *Studies in Family Planning*, and writing papers. The work of the Panel supports identification of ways to improve future family planning measurement.

This document represents the Panel's final recommendations, synthesized based on the Panel's multi-year effort and through the IUSSP Recommendations Workshop, held following the International Conference on Family Planning in November 2025. To learn more about the Panel and its outputs, visit the IUSSP Panel website (<https://iussp.org/en/rethinking-family-planning-measurement-reproductive-justice-and-rights-lens>).

APPENDIX C: NEXT STEPS AND DISSEMINATION

Validation and testing

The Panel is pursuing opportunities for validation and testing of recommended measures through ongoing and planned initiatives, including:

- Cognitive testing and validation of alignment-based measures through NIVI studies in India and Kenya.
- Incorporating alignment-based measures into the Understanding America Study.
- Incorporating alignment-based and agency measures into the Family Planning Impact Lab randomized controlled trials.
- Examining data on PFM available from recent studies.

Supporting materials

Lessons learned from these opportunities for cognitive testing, piloting, and incorporation of measures into surveys will inform the development of supporting materials. These include example survey tools, standardized preambles, and indicator reference sheets that will be developed to facilitate broader implementation and interpretation as approaches are validated. Alignment and collaboration with other initiatives will also be prioritized, including close coordination with UNFPA to ensure consistency with the sexual and reproductive agency framework.

Dissemination and engagement

Dissemination and engagement will be central to advancing adoption and appropriate use of the recommendations. The Panel will actively engage key audiences, including survey implementers, Ministries of Health, funders, FP2030, and Track20, while seeking continuous country-level input throughout the process to ensure relevance and feasibility. Virtual meetings will be convened to discuss findings, refine recommendations, and build shared understanding among stakeholders.

Sustaining momentum beyond the three-year timeline

The Panel emphasized the need to sustain momentum beyond the three-year timeline. As a next phase, it proposes refining its mandate to strengthen global measurement of contraceptive agency in ways that are feasible for use at scale, including the development of a concise module of three to five questions that capture the core dimensions of agency. The Panel also proposes advancing the measurement of social, normative, and systemic factors that shape contraceptive agency through rights- and justice-based lenses. This work is intended to inform a post-2030 indicator framework that more fully incorporates measures of agency and the enabling environment. It will be carried forward through a follow-on IUSSP Panel focused specifically on agency, convening in September 2026.

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These recommendations were shaped by the expertise and generous engagement of the participants in the IUSSP Recommendations Workshop, held in Bogotá, Colombia, in November 2025 following the International Conference on Family Planning. The Panel thanks each participant for the rigor and candor they brought to a full day of discussion, and for their willingness to work through genuine disagreement in pursuit of shared recommendations.

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USE OF ARTIFICIAL INTELLIGENCE

The intellectual content of this report originates with the IUSSP Panel. The recommendations presented here were developed by the Panel over three years of webinars, expert convenings, primary data collection, and peer-reviewed publication, and were refined and agreed through discussion among Panel members and participants at the IUSSP Recommendations Workshop in November 2025.

Anthropic's Claude was used as a drafting and design tool in preparing this document. It was used to draft and structure prose from source material supplied by the Panel, including the workshop agenda, rapporteur notes, and the Panel's own recommendations documents; to organize the summary table and question bank; to design Figure 1; to design and typeset the report; and to copy-edit for internal consistency. It was not used to generate recommendations, analyze data, select or interpret evidence, or determine the substantive positions presented here.

All text prepared with this assistance was reviewed, revised, and approved by the Panel, and all citations and factual claims were verified by the Panel against their original sources. The Panel takes full responsibility for the content of this report, including any errors.

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